

Overview**Method Name**

HPLC-UV

NY State Available

No

Specimen**Specimen Type**

Serum

Necessary Information**The following information is required:**

- Specimen Type (source)
- Dose (specify PO, IV, IM)
- Date and time of last dose (for IV start/end time)

Note: If the time of last dose and the blood draw are not accurately recorded, accurate interpretation of the concentration is not possible.**Specimen Required****Collection Container/Tube:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 2 mL Serum**Collection Instructions:**

1. Allow serum to clot for 30 minutes.
2. Immediately centrifuge and aliquot 2 mL of serum into a plastic vial.
3. Send frozen.

Specimen Minimum Volume

Serum: 0.5 mL

Reject Due To

Gross hemolysis	Reject
Specimens thawed >6 hours	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	365 days	

Clinical & Interpretive**Clinical Information**

Refer to www.nationaljewish.org/for-professionals/diagnostic-testing/advanced-diagnostic-laboratories/search-for-tests

Reference Values

An interpretive report will be provided.

Performance**PDF Report**

No

Day(s) Performed

Monday through Friday

Report Available

10 to 14 days

Performing Laboratory Location

National Jewish Health

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

The performance characteristics for this test have been validated by Advanced Diagnostic Laboratories at National Jewish Health. It has not been cleared or approved by the US Food and Drug Administration. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA 88) as qualified to perform high complexity clinical laboratory testing.

CPT Code Information

80299

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FRIFA	Rifampin Level	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5803	Dose	Not Provided
Z5804	Date and Time of Last Dose	Not Provided
Z5778	Rifampin Level	4021-2
Z5840	Comment:	Not Provided
Z5865	Specimen Type:	Not Provided